



GAS FITTER

ARKANSAS DEPARTMENT OF HEALTH

PLUMBING & NATURAL GAS SECTION
4815 WEST MARKHAM STREET, SLOT # 24
LITTLE ROCK, ARKANSAS 72205-3867
PHONE (501) 661-2642 ■ FAX (501) 661-2671

FOR OFFICE USE

REC'D _____
FORM _____
DATE _____
BY _____

EXAM 1 _____
EXAM 2 _____
EXAM 3 _____

LICENSE# _____
ORG. DATE _____

NAME _____
Last First Middle

SOCIAL SECURITY _____ D.O.B. _____

*The agency is required to obtain your Social Security Number for the purpose of child support enforcement.
Except for its use in child support enforcement, your Social Security Number will not be used by the agency and will be held confidential.*

HOME / CELL PHONE _____ WORK PHONE _____

MAILING ADDRESS _____

CITY _____ STATE _____

ZIP CODE _____ COUNTY _____ EMAIL _____

CANDIDATE'S BACKGROUND

FORMAL EDUCATION Please check: GED ☐ High School Diploma ☐ College Degree ☐

Have you ever pled guilty or nolo contendere or been convicted of a crime? YES _____ NO _____ (If YES, provide the date, the state and nature of the offence) _____

EMPLOYMENT RECORD

EMPLOYER _____ POSITION _____

ADDRESS _____

TYPE OF BUSINESS _____ DATES EMPLOYED _____

EMPLOYER _____ POSITION _____

ADDRESS _____

TYPE OF BUSINESS _____ DATES EMPLOYED _____

EMPLOYER _____ POSITION _____

ADDRESS _____

TYPE OF BUSINESS _____ DATES EMPLOYED _____

EMPLOYER _____ POSITION _____

ADDRESS _____

TYPE OF BUSINESS _____ DATES EMPLOYED _____

COMPANY, FIRM, PLUMBER OR SUPERVISOR GAS FITTER UNDER WHICH YOU WILL BE WORKING:

NAME _____ LICENSE NUMBER _____

EMPLOYER REGISTRATION

If you serve an Employer Registration Training, it is necessary that you and your Employer complete the following agreement

TRAINING AGREEMENT: This is to certify that _____
FIRM NAME

LOCATED AT _____ STREET _____

CITY _____ STATE _____ ZIP _____

hereinafter designated Employer, has entered into a Training agreement with the

Applicant, _____, hereinafter designated Trainee.
NAME

The Employer agrees to make reasonable effort to keep the Trainee employed and to assist him/her in related study and instruction. The trainee agrees to make every effort to complete his/her training, which includes related training, study, according to Rules and Regulations of the State of Arkansas.

We have evidence, or have evaluated the previous experience of the Applicant and believe he or she should be allowed experience credit of _____Years_____ Months on their term of training.

SIGNATURE_____

APPLICANT SIGNATURE

The applicant signing this application being duly sworn declared that the foregoing statements and attachments subscribed to by him/her are true to the best of his/her knowledge and that he/she personally signed this application.

SUBSCRIBED AND SWORN TO BEFORE THIS _____DAY

OF_____YEAR_____

SIGNATURE OF NOTARY_____

SEAL

STATE OF_____

COUNTY OF_____

REQUEST FOR VERIFICATION OF LICENSE

Use this form to verify licensure from outside Arkansas, if applicable.

Out of state licensing will not be considered by the Committee without the proper completion of this form.

PART 1 – TO BE COMPLETED BY THE APPLICANT

NAME _____
Last First Middle

SOCIAL SECURITY _____ D.O.B. _____

MAILING ADDRESS _____

CITY _____ STATE _____ ZIP CODE _____

HOME / CELL PHONE _____ WORK PHONE _____

EMAIL _____

I am requesting licensure in the state of Arkansas as a _____

I am / have been licensed in your state under the name of _____

My license number in your state is / was _____

Signature of Applicant _____ Date _____

PART 2 – TO BE COMPLETED BY THE VERIFYING AGENCY

Please furnish the requested information and verify the document.

Name of Verifying State _____

Name of Licensee (as it appears in the Verifying State's records) _____

Name of Qualifying Person _____

Classification of Licensed Issued _____

License Number _____ License Expiration Date _____

Has the licensee been continually licensed since the date of original license? YES _____ NO _____

Is the applicant's license current? YES _____ NO _____

Is the applicant's license in good standing and renewable? YES _____ NO _____

Has there been any disciplinary action or is any disciplinary action pending against the license?

YES _____ NO _____

Was the license issued based on examination? YES _____ NO _____

If YES, please provide the following:

Examination Type _____ Date(s): _____

Examination Score _____

Code Model Base for the examination (IPC, IFGC, NPC, etc.....) _____

Was Education and / or Work Experience required for licensure? YES _____ NO _____

SIGNATURE QUALIFYING PERSON _____ **DATE** _____

PRINTED NAME _____ **TITLE** _____

PHONE NUMBER _____

(SEAL)

EMAIL _____

AGENCY _____